

Entered -05-09-01 - sb
CL 01L0301 - GWENDOLYN BURNS

01- R -1234

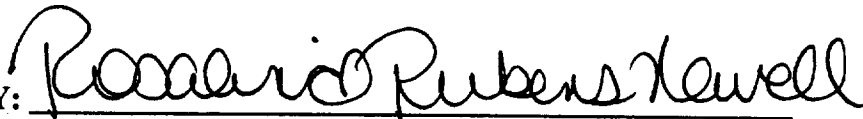
CLAIM OF: STATE FARM INSURANCE COMPANIES
as subrogee of **FERIST JAMES**
5301 Snapfinger Park Drive
Decatur, Georgia 30037-0568

For damages alleged to have been sustained as a result of a vehicular accident on January 25, 2001 at Bankhead Highway, NW and Holly Street, NW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES as subrogee of FERIST JAMES** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on January 25, 2001 at Bankhead Highway, NW and Holly Street, NW. as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0456

Date: August 1, 2001

Claimant/Victim FERIST JAMES
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES
Address: 5301 Snapfinger Park Drive, P.O. Box 370568, Decatur, Georgia 30037-0568
Subrogation: X Claim for Property damage \$ 8,486.33 Bodily Injury \$ _____
Date of Notice: 5/8/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 1/25/01 Place: Bankhead Highway, NW & Holly Street, NW
Department PUBLIC WORKS Division Solid Waste Services
Employee involved Zenas Middlebrook Disciplinary Action: 10 day suspension

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was backed into by a sanitation vehicle that was attempting to make a garbage pickup. The City employee was cited for "improper backing".

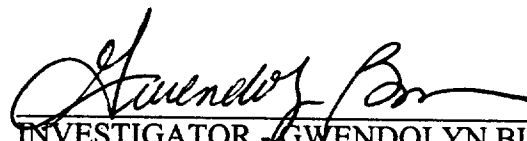
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 08-02-01
Committee Action: _____ Council Action _____

0100301
GB

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Street, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

ENTERED - 7-18-01 - SB
0110456 - GWEN BURNS

Today's Date: 5-14-01

Dear Clerk of Council:

Attn: Diane Mitchell

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 8486.33 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 1-25-01
(month/day/year)
2. Police called: ☒ Yes ☐ No
3. Location of incident: Bankhead Hwy, Atlanta, GA
4. Name of your insurance company: State Farm Mutual Policy No. 8039-277-110
5. State what and how incident occurred: Your driver backed into my
insd

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Cadillac 94 550MJ2 Ferist James
(make) (year) (tag number) (driver's name)

City vehicle: 93 Garbage Truck Zenas Middlebrooks Sanitation
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

01-R-1234

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

DENISE EUBANKS
5301 SNAPPINGER PARK DRIVE
P.O. BOX 370568
DECATUR, GA 30037-0568
(770) 593-6436

State Farm Mutual
(claimant's name)
P.O. Box 370568
(address)
Decatur GA 30037
(city and state)
770-593-6436
(work number) (home number)

Claim# 11-3590-555

CLAIM NUMBER 01L0301

\$ 2,000.00

WITNESS my hand and seal this 1st day of Aug, 2001

(LS)

The above release was read and explained to, and signed by the said _____

in our presence on the date above written.

WITNESSES